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|               |                                                                            | PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875 |                             |                      |              |               |         |            |              |               |          |            | nless it displays a valid OMB control nu<br>Application or Docket Number |                 |                |  |  |
|---------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------|----------------------|--------------|---------------|---------|------------|--------------|---------------|----------|------------|--------------------------------------------------------------------------|-----------------|----------------|--|--|
|               |                                                                            |                                                                          |                             |                      |              |               |         |            |              |               |          | 09 868 141 |                                                                          |                 |                |  |  |
|               | CLAIMS AS FILED - PART I                                                   |                                                                          |                             |                      |              |               |         |            |              |               |          |            |                                                                          |                 | -              |  |  |
|               | <b> </b>                                                                   |                                                                          | (Column 1)                  |                      | (Column 2)   |               |         | SMALL      |              | ENTITY        |          | OR         | C SA                                                                     | HHER            | THAN<br>ENTITY |  |  |
|               | -                                                                          | FOR                                                                      | NUMBER FILED                |                      | NUMBER EXTRA |               |         | RATE       |              | T             | 7        |            | RATE                                                                     |                 | :41114         |  |  |
|               | BASIC FE<br>(37 CFR 1                                                      |                                                                          |                             |                      |              |               |         |            |              | FEE           | _        |            |                                                                          |                 | FEE            |  |  |
|               | TOTAL CL                                                                   | AIMS                                                                     |                             |                      |              |               |         | I L.       |              | \$            | - 1 .    | OR.        |                                                                          |                 |                |  |  |
|               | (37 CFR 1                                                                  |                                                                          |                             | minus 20 =           | -            |               |         | X S        | =            |               | 7        | 511        | <b> </b>                                                                 |                 | 5              |  |  |
| -             | INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                                     |                                                                          | minus 3 =                   |                      |              |               |         | X S        |              |               | -1       | OR<br>I    | x s                                                                      |                 |                |  |  |
| -             | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                          |                                                                          |                             |                      |              |               |         | + 5        |              |               | 7        | IR<br>-    | x s                                                                      | -               |                |  |  |
|               | " If the difference in column, it is less than zero, enter "0" in column 2 |                                                                          |                             |                      |              |               |         | L          |              |               | - 0      | R L        | + s                                                                      | =               |                |  |  |
| -1            |                                                                            |                                                                          |                             |                      |              |               |         | 10.        | TAL [        |               | _] OF    | 7          | TOTAL                                                                    | 1               |                |  |  |
|               |                                                                            | CLAIMS A                                                                 | RS AMEN                     | DED - PAP            | RT II        |               |         |            |              |               |          |            |                                                                          | L               |                |  |  |
|               |                                                                            | 16.                                                                      |                             |                      |              |               |         |            |              |               |          |            |                                                                          |                 |                |  |  |
| -             |                                                                            | (Colum                                                                   |                             | (Cot                 | umn 2)       | (Column       | in 3)   | SM         | AALL ENT     | TITY          | OF       | ₹          | ОТН                                                                      | ER TH           | IAN            |  |  |
| -1:           | ∢                                                                          | CLAII<br>REMAII                                                          |                             | HIGH                 |              | PRESEN        |         |            | T            |               | 7        | _          | SMAL                                                                     | LENT            | TTY            |  |  |
| -1/3          | 2                                                                          | AFTE<br>AMENDN                                                           |                             | PREVIO               | DUSLY        | EXTRA         |         | RAT        | 1            | ADDI:         | l        | - [        | RATE                                                                     | 1               | ADD I          |  |  |
|               | ∐<br>                                                                      | 1 11                                                                     |                             | TUS PAID             | FOR          |               | _       |            |              | FEE           |          | -          |                                                                          | 1 1             | IOMAL          |  |  |
| N L           | Independe                                                                  |                                                                          |                             | X                    | 0            | -             |         | x s        | =            |               |          | -          |                                                                          | -               | FEE            |  |  |
| 1 4           | 1 07 CFR 1                                                                 | 6(6))                                                                    | Mic                         | ıus <b>₁</b>         |              | -             | 7 1     |            |              |               | OR       |            | 5=                                                                       | <u> </u>        |                |  |  |
| 1 3           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CER + 16(d))            |                                                                          |                             |                      |              |               |         | x s        | =            |               | OR       | X:         | S=                                                                       | 1               | 1              |  |  |
| 1             | C. Elde med ChenenGent Claus (37 CFR + 16(d))                              |                                                                          |                             |                      |              |               |         | + 5        | - I.         | - 1           | OR       |            |                                                                          |                 | 1              |  |  |
|               |                                                                            |                                                                          |                             |                      |              |               |         | TOTAL      |              |               | 3,1      | 10         | TAL                                                                      |                 | <b> </b>       |  |  |
| l.            | (Column 1) (Column 2) (C. L. column 2)                                     |                                                                          |                             |                      |              |               |         | AOD'L FE   | E            |               | OR       |            | DILFEE                                                                   |                 | - 1            |  |  |
| æ             |                                                                            | CLAIMS                                                                   | 1                           | (Colum               |              | Column 3)     | 7 -     |            |              |               |          |            |                                                                          |                 |                |  |  |
|               |                                                                            | REMAININ<br>AFTER                                                        | G                           | NUMBE                | RF           | PRESENT       | Ш       | RATE       | 7            | DDI-          | . [      |            |                                                                          |                 |                |  |  |
| É             | Y                                                                          | AMENONIEN                                                                | 11                          | PREVIOU:<br>PAID FO  |              | EXTRA         | Ш       |            | HO           | NAL           | - 1      | R          | ATE                                                                      | ADI             |                |  |  |
| AMENDMENT     | Total<br>DECERTING                                                         | n   '                                                                    | Minis                       | **                   | =            |               |         |            | - FE         | iε            | -        |            |                                                                          | TION<br>FE      |                |  |  |
| Z             | Independent<br>(37 CFR + 16(b)                                             |                                                                          | Minus                       | ·                    |              |               | ×       | S=         |              |               | OR       | X \$       | _                                                                        |                 |                |  |  |
| 3             |                                                                            |                                                                          |                             | 1                    | .            |               | ×       | š =        | -            | 1             | ~  -     |            |                                                                          |                 |                |  |  |
|               | FIRST PRESE                                                                | NTATION OF MULTI                                                         | РГЕ ФЕРЕНО                  | ENT CLAIM (3         | 7 CFR 1,11   | stan          |         |            |              |               | OR -     | × 1        | ==- _                                                                    |                 |                |  |  |
|               |                                                                            |                                                                          |                             |                      |              |               | 1.      | )TAL       |              | (             | DR L     | + 5        | =                                                                        |                 | - 1            |  |  |
|               |                                                                            |                                                                          |                             |                      |              |               |         | D'L FEE    | 1            |               |          | TOTAL      |                                                                          |                 | $\neg$         |  |  |
| -             |                                                                            | (Column 1)                                                               |                             | (Column 2)           | (Col         | umn 3)        |         |            |              |               |          | 100 L      | LEE L                                                                    |                 |                |  |  |
| ٦             |                                                                            | CLAIMS<br>REMAINING                                                      |                             | HIGHEST              |              |               | Γ       |            | ı — —        |               |          |            |                                                                          | _               | - 1            |  |  |
| -  <br>Z<br>U |                                                                            | AFTER                                                                    | 1 1                         | NUMBER<br>PREVIOUSLY | / PRE        | SENT<br>TRA   | F       | RATE       | ADDI         |               | - 1      | RAT        | F                                                                        | 400             |                |  |  |
| >             | Total                                                                      | AMENDMENT                                                                | 1                           | PAID FOR             |              |               | 1       | l          | TIONA<br>FEE | -             |          |            | 1 .                                                                      | ADDI:<br>FIONAL | .              |  |  |
|               | CFR 1.16(c))                                                               |                                                                          | Minus                       |                      | =            |               |         |            | , , ,        |               | -        |            |                                                                          | FEE             |                |  |  |
| )   Ind       | CFR 1.15(b)                                                                |                                                                          | Minus                       |                      | =            | -+            | X \$_   |            |              | _ OR          | ×        | 5          | =                                                                        |                 | - 1            |  |  |
| FID           | ST DDE OF                                                                  |                                                                          |                             |                      |              |               | × \$    | =          | _            | OR            | × s      |            | =                                                                        |                 |                |  |  |
| 1 '''         | 31 PRESENT.                                                                | ATION OF MULTIPLE                                                        | DEPENDEN                    | T CLAIM (37 CI       | R 1.16(d)    | - 11          | + \$    | - T        |              |               |          |            |                                                                          |                 |                |  |  |
|               |                                                                            |                                                                          |                             |                      |              | L             | TOTA    |            |              | OR            | + 5      |            | =                                                                        |                 | 1              |  |  |
| · #th         | e entry in co                                                              | lumn 1 is less than<br>umber Previously F                                | the entry in                | Column 3 ::          | ADDI         | FEE           | •       | OR         | TOT          | TAL<br>DIL FE | E        |            | 7                                                                        |                 |                |  |  |
| . If the      | M IsadoiH"                                                                 | Imbar Ossail at a                                                        | 010 101 114                 | TUIS SPACE           | is less tha  | in 20 enter   | "20"    | L          |              |               |          |            |                                                                          |                 |                |  |  |
| The           | Highest Nun                                                                | nber Previously Pa                                                       | aid For" IN<br>id For" (Tax | THIS SPACE IS        | less tha     | n 3, enter "3 | 3".     |            |              |               |          |            |                                                                          |                 | 1              |  |  |
| offectio      | on of informa                                                              | alion is required by                                                     | 17 CED 1                    | 16 The pende         | my is the    | highest nur   | mber lo | und in the | appropri:    | te hay in     | cotum- : | ,          |                                                                          |                 | 1              |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.